

FILED DEC 2 1947

Registration District No. 506

Primary Registration District No. 4238 6238

Registrar's No. 15

## 1. PLACE OF DEATH:

- (a) County Washington  
 (b) City or town Rural (Belgrade)  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution near Petoski Mo.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 (Specify whether

In this community  
years, months or days3. (a) PRINT  
FULL NAMEPerry V Nettles3. (b) If veteran,  
name war

3. (c) Social Security No.

4. Sex male 5. Color or race white  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Gara 6. (c) Age of husband or wife if  
 alive 45 years  
 7. Birth date of deceased Jan. 11 1892  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
55 9 14 hr. min.

9. Birthplace Mestle Mo. 11  
 (City, town, or county) (State or foreign country)

10. Usual occupation lumber work

11. Industry or business none

12. Name Frank Nettles

13. Birthplace Indiana  
 (City, town, or county) (State or foreign country)

14. Maiden name Margaret Roberts

15. Birthplace Indiana  
 (City, town, or county) (State or foreign country)

16. (a) Informant Leonard Callahan

(b) Address Petoski Mo.

17. (a) Burial (b) Date thereof 10-27-47  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Petoski Mo.

18. (a) Signature of funeral director Mrs. Lucker Spuler

(b) Address Petoski Mo.

19. (a) 11-21-47 (b) Gella S White  
 (Date received local registrar) (Registrar's signature)

Address Petoski Mo. Date signed 10/28/47

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Washington  
 (c) City or town Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. near Petoski Mo.  
 (If rural, give location)  
 (e) Citizen of foreign country? (Yes or No)  
 If yes, name country

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 25  
 year 1947 hour 1 minute P.M.  
 21. I hereby certify that I attended the deceased from September 6  
1947 to October 24, 1947,  
 that I last saw him alive on October 24, 1947,  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Occlusion

Due to Spinal Artery

Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

## 22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify)  
 (b) Date of occurrence  
 (c) Where did injury occur? (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public  
 place? (Specify type of place)  
 While at work (e) Means of injury

23. Signature Edmund W. Laska Jr (M. D. or other) D.O.

Address Petoski Mo. Date signed 10/28/47

RECEIVED

Health Officer No. 4  
File Number 1247-1489  
Date Filed 12-1-42

---

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Murphy L Sparks  
Licensed Embalmer No. 4236  
P. O. Address Flat River, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.